



TOWN OF ISLIP  
OFFICE OF THE TOWN CLERK

REGINA V. DUFFY  
TOWN CLERK & REGISTRAR

Application for Peddlers License

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Business Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Complexion: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Nature of Business and Goods to be sold: \_\_\_\_\_

Will you sell any products from a farm or orchard? \_\_\_\_\_ If yes, are they produced or grown by you? \_\_\_\_\_

Are you employed? \_\_\_\_\_. If yes, give name and address of employer and describe the exact relationship  
\_\_\_\_\_

For how long do you desire to peddle in Islip? \_\_\_\_\_

Are you going to use a vehicle in connection with your peddling? \_\_\_\_\_  
If yes, answer these questions:

Make of Vehicle: _____	License Plate #: _____	Year: _____
Insurance Policy #: _____	Health Permit #: _____	Expiration Date: _____
Veterans Permit #: _____	Unladen Weight: _____	Laden Weight: _____

Attach four (4) photographs of yourself taken within sixty (60) days of date of this application, being at least 2" x 2", showing your head and shoulders in a clear and distinguishing manner.

Give the names of at least two (2) reliable property owners of Suffolk County, New York who will certify as to your good character and business responsibility.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) In lieu thereof, list other available evidence as to your good character and business responsibility, as will enable an Investigator to properly evaluate your character and business responsibility.  
\_\_\_\_\_  
\_\_\_\_\_

If an individual, have you ever been convicted of any crime, misdemeanor or violation of any municipal ordinance other than those violations having to do with the regulation of vehicular traffic? \_\_\_\_\_ If yes, give details including dates, places of conviction, nature of offense charged, and the punishment or penalty assessed therefore.

***\*FALSE STATEMENTS MADE HEREIN SHALL BE GROUNDS FOR DENIAL OF LICENSE\****

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SWORN BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**\*\* FOR OFFICE USE ONLY\*\***

License #: _____	Date Issued: _____	Receipt #: _____
License Fee: _____	Helper Fee: _____	Prints Fee (Helper’s only): _____
Fingerprint Fee (Money Oder): _____	Processing Fee (Cash or Check): _____	
Board of Health Certificate: _____		

[illegible]